VNA COMMUNITY HEALTHCARE

Appropriations Committee
Budget Hearing
Testimony of VNA Community Healthcare
February 17, 2012

Good evening Sen. Harp, Rep. Walker and members of the Appropriations Committee. I am Janine Fay, CEO of VNA Community Healthcare. We are a nonprofit home care agency that cares for a wide variety of patients, including those with chronic persistent mental illness. I am here this evening in response to the budget proposals regarding the delegation of medication administration to home health aides and the 10% cut to the home health medication administration rate. I can tell you that this issue is as complicated as the patients we care for.

Over the last several years there has been a lot of discussion about medication administration to patients in the community setting and along with that, different understandings of what constitutes a medication administration visit. I want to take this opportunity to briefly describe the nature of a psychiatric nursing visit, of which medication administration is a key element, but not the only element. The medication administration provided by our psychiatric nurses is much more than simply giving a pill. The nurses assess all aspects of the patient condition, both mental and physical, coordinate with the individual's physician, and collaborate with other care providers to ensure safety within the community setting. They frequently identify symptoms and provide early intervention to avoid further complications.

The one absolute in the life of a homecare nurse is that each patient has unique capabilities and care needs. It is this knowledge that tells us a broad brushed approach to medication management by unlicensed personnel will not be in the best interest of the clients we serve. This is particularly true for the behavioral health population. It is only with careful individualized care planning that one can determine whether medication administration can be done by a home health aide and the nurse must remain a significant part of the care team even when that delegation occurs.

VNA COMMUNITY HEALTHCARE

The Money Follows the Person Program has indicated that medication administration by nurses is causing a barrier to moving people out of facilities and into the community. As a long time community based provider I can assure you we are very supportive of having people receive care in the home setting versus an institution. We also understand that this population has different characteristics from those of our psychiatric patients. Again, the most important factor is that the individual's physical and mental status be assessed by the nurse and then he or she determines whether licensed or unlicensed personnel be used for medication administration.

We acknowledge that it is time for the system to change. Over the past year home care providers have been working closely with the Behavioral Health Partnership. We have been able to create significant cost savings by working together, identifying the clinical needs of each individual patient. I believe we could create a more effective model of care for the behavioral health population through this collaboration. Having said that, if there is a 10% cut to the medication administration rate we will not be able to provide patients the appropriate level of care. Delegation of medication administration to home health aides will require more work on the part of the nurse, not less. It will also increase the overall costs to our agency with new regulations. We are already facing financial challenges with the current rate structure. I urge your support in improving the system and not destroying it with a rate cut.

Thank you for your time and attention to this matter.

Bridgeport Child Advocacy Coalition
Mobilizing for Children

Appropriations Committee Public Hearing
Department of Social Services Budget
February 17, 2012

The Bridgeport Child Advocacy Coalition (BCAC) appreciates the opportunity to submit public comment for the Appropriations Committee Public Hearing regarding the Department of Social Services (DSS) budget.

Historically, Connecticut has been very responsive to the health care needs of its low-income residents. Thanks to programs like HUSKY and Healthy Start, over 400,000 children and their parents are able to access health coverage and needed health services.

In 2010, Connecticut became the first state in the country to add low-income adults to its Medicaid program under federal health reform Affordable Care Act. Very low-income adults formerly on the state-funded SAGA program became Medicaid recipients. Not only did the recipients get access to more comprehensive coverage under what is now called HUSKY D, but providers were paid at the higher Medicaid rate and the state received federal reimbursement. It was a win-win for everyone.

Because the program was so successful, more individuals enrolled than anticipated. As a result, DSS is requesting a waiver from the federal government that would reduce coverage and access to care for this very vulnerable population. These changes include counting family income for young adults ages 19-26 and imposing an asset limit of $25,000. We urge DSS not to request this waiver.

Under the proposed changes, family income would be counted in determining eligibility for young adults ages 19-26, even if the families have no financial responsibility. This is inconsistent with Medicaid rules. It is not clear that if this change is accepted, young adults would have access to other health care coverage or if it would save the state money. Young adults are generally healthy and the least expensive to cover. In addition, our experience assisting families with HUSKY is that Charter Oak, an option for the uninsured, is prohibitively expensive, especially for young adults. They would become uninsured and not likely to access care when they needed it.

Imposing an asset limit would not only create a barrier to enrollment, it would involve a high administrative cost on the part of the state.

We urge you to maintain current Medicaid/HUSKY benefits for all beneficiaries so that they may access health coverage and the health care they need. Thank you.

Submitted by,

Mary Pat C. Healy
Executive Director, Bridgeport Child Advocacy Coalition
mphealy@bcacct.org